

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

12380-62-048346
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 10 1963

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF
HOSPITAL OR
INSTITUTION St. John's HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐d. STREET ADDRESS
(If outside, give location) 5330 BischoffReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Middle Last

Giovanni (John)

Fuse

4. DATE
OF
DEATHMonth Day Year
December 22, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12/10/18879. AGE (last birthday)
75IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Laborer10b. KIND OF BUSINESS OR INDUSTRY
Clay Products11. BIRTHPLACE (City and state or country)
Italy12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Francesco Fuse

13b. MOTHER'S MAIDEN NAME

Maria Oriani

14. NAME OF HUSBAND OR WIFE

Josephine

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, go, or unknown) (If yes, give war or dates of service)
Yes

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Josephine Fuse, 5330 Bischoff18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Thrombosis Pulmonary artery

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Transverse fracture neck of Rt. Femur

3 1/2 days

DUE TO (c)

Surgery - Hip prosthesis

7 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Healing Myocardial Infarction - arteriosclerotic heart disease

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
A ☐ ☐ ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Fell 904.0-2120c. TIME OF
INJURY Hour Month, Day, Year
8 a.m. 12-18-6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
13 in home20f. CITY, TOWN, OR LOCATION
St. Louis 10 Mo.

COUNTY

STATE

21. I attended the deceased from 12-18-62 to 12-22-62 and last saw him alive on 12-22-62
Death occurred at 2:56 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles Montani M.D.

22b. ADDRESS

5147 Daggett Ave

22c. DATE SIGNED

12-23-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

12-27-62

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Calcaterra Funeral Home, 5112 Daggett Ave.

25. DATE RECD. BY LOCAL REG.

DEC 24 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.